Book Reviews


Widespread flooding in England last year devastated large numbers of homes. Some of those affected had decided to save money by not taking out home contents insurance. They are now facing financial ruin. Should the government bail them out with taxpayer’s money?

I mention this because the health insurance problem in the USA seems incomprehensible to us. How can it possibly be a matter for debate that 46 million people have no insurance cover for their health needs? But to some Americans, a requirement for health insurance seems as unnecessary as a federal requirement for home contents insurance. There are schemes to cover the old (Medicare), the poor (Medicaid) and most children (State Children’s Health Insurance Programs). Various state laws stop insurers cherry picking the best cases. Federal schemes reimburse hospitals that provide care to uninsured people who cannot pay. Hence the problem is down to individual choice.

Or so it seems to right-wing politicians doctrinaire against state intervention. But things look different to many in the medical profession.

This book, from the Institute of Medicine argues the scientific case for universal health insurance. No particular political solution is advocated. The book updates a previous volume with a similar theme, and sets out the evidence for three related propositions:

- the problem is big and getting bigger;
- being uninsured is bad for your health; and
- uninsurance places entire communities at risk.

This last should of course matter to people who think that levels of coverage are a private matter which government needs to keep away from. It happens because hospitals treating a high proportion of uninsured people cannot recover enough of their costs to stay afloat, so they close. Some of the shortfall is made good by federal schemes, but too little. The main hospital in Atlanta, Georgia recently closed its renal dialysis facility for that reason.¹

So is lack of health insurance just a matter of people choosing to spend their money instead on cars, videos and beer? Below the federal poverty line, you are eligible for Medicaid, so the uninsured are not the poorest of the poor. The average premium for an individual² is US $4824. We may compare this with £2000 per person which, with no choice in the matter, the UK government extracts in tax to pay for the NHS. But getting insurance is not so easy. Almost all Americans have insurance through employer-based schemes—only 7% buy their own insurance. Renewal is a key problem: develop serious illness and your insurer may refuse renewal at the next premium due date. Change jobs, or lose your job, and you are in trouble. The laws which compel insurers to offer group insurance without individual discrimination differ from state to state, with inevitably patchy results.

We should also sympathize with the sheer scale of the USA. Suppose Europe were a Union in fact as well as name—would we find it easy to reach a single solution to problems of health care?

Although the book is based firmly in the published evidence, it also includes a couple of telling anecdotes. One is of Ginny—a girl with a congenital heart condition. ‘At the time of her 19th birthday, Ginny’s Medicaid eligibility stopped, and she was left without the means to buy her anti-arrhythmic medications and went without. Ginny died of a fatal arrhythmia 5 months later’. (p. 63)

**References**


2 ‘Premiums rose 131 percent in 10 years’ The Nation’s Health, 2009, p. 8 column 2.

E.G. Jessop
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